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To the Chairman and Members of the

Petersfield Urban District Council

Gentlemen

During the year 1900, 46 births and 64 deaths were registered in the Urban District of Petersfield. In 1899 the births numbered 41, the deaths 42. Estimating the population of the district as 3400, the births were equivalent to an annual birth rate of 22.3 per 1000, the mean birth rate of the Urban District since its formation in 1893 being 23.8 while that of the County of Southampton for the same period was 24.9 per 1000. The deaths registered in the district were at the rate of 18.8 per 1000, this relatively high death rate is due to the circumstance that the Union Infirmary and the Cottage Hospital are situated within the district. In the past year 25 of the 64 deaths took place in one or other of these institutions; 20 of which occurred in persons not belonging to the district; if we deduct these, and the deaths of two visitors to the town, we get a corrected total of 42, equivalent to a death rate of 12.3 per 1000. During the preceding seven years the actual death rate averaged 17.4, that of England and Wales during the same period being 17.8 per 1000 while the mean corrected death rate was 13.4 per 1000.

6 deaths occurred in children under one

year of age, which represents an infant mortality of 49 per 1000 births. The mean infant mortality of the district since its formation has been 80. That of the County of Southampton 113 while that of England and Wales during the same period has been 144 per 1000 births. Of the 64 deaths 22 occurred in persons over 40. 9 of whom had exceeded 80 years while one succumbed to Influenza at the age of 93. Two persons died in the Cottage Hospital from injury. Two deaths were due to Scarlet Fever. In one of these cases the disease occurred in Childbed, a complication which renders it extremely fatal. 4 deaths were attributed to Influenza as the primary disease, one to Diarrhea, and 5 to Phthisis. It is the object of Sanitary Authorities to reduce the mortality from preventible diseases, by which we mean those which are amenable to Sanitation or due to Infection. Of these Phthisis claims the highest death toll. In the last 40 years more than two million persons have died from this disease in England and Wales, and in Petersfield, since it was constituted an Urban District in 1893, forty two persons have died of consumption while all the other preventible diseases together have caused only 30 deaths

The other Zymotic diseases for the most part attack children. Consumption finds its victims most commonly in young adults

In Ireland out of every two deaths occurring between the ages of 15 and 35 one is caused by Tuberculosis, and it is probable that the same ratio obtains in this country. Again the other Zymotic diseases are of short duration, lasting a few days or weeks; Consumption on the other hand goes on for months or years, disabling large numbers of persons of the wage earning age for long periods and thereby entailing serious money loss to the community. Consumption is now proved to be an infective and also a curable disease, and it should be the aim, as it is within the power, of Sanitary Authorities to stamp out, or at least to lessen, the ravages of this fell disease.

Heredity, and certain previous illnesses predispose to Phthisis, but there can be no Tuberculosis, no consumption unless the Tubercle bacillus gains an entrance into the body. For all practical purposes the sources of infection may be reduced to two namely:-
the expectoration of Consumptive patients. And the Milk of Cows suffering from Tuberculous diseases of the udder. To diminish and eventually stamp out this ~~diseas~~ disease there is need of.
1st Bye-laws such as those in force in this district, regulating the construction of new buildings, so as to secure thorough ventilation, and free access

of sunlight. It has been shown that in Salford the mortality from Phthisis is nearly twice as high in houses built back to back, as in houses of a similar class in which there is through ventilation. The Tubercle bacillus, once outside the body has but a short existence, direct sunlight, and thorough exposure to air soon kill it.

2ndly the supervision of Dairies so as to prevent the sale of Tuberculous Milk or to insure that infected milk should be sterilised before being consumed. Of 889 samples of milk examined by the Professor of Pathology at Owens College Manchester, 110 contained Tubercle bacilli. Adulterations of food which are for the most part harmless are punishable with fines. If the same treatment were applied to the dairyman who sells Tuberculous Milk which is fraught with danger to his customers, the supply of infected Milk would soon diminish. In the meanwhile the public have the matter in their own hands, in-as-much-as by boiling or sterilising milk in their own houses, they obviate all danger of infection.

3rdly Notification of Phthisis. This is considered by Sir W. Broadbent as a step of the greatest importance. He states that many instances are known in which the disease has been contracted by persons going to live in houses that have

been occupied by Consumptive patients, and that therefore such houses should be known to the Authorities.
In the Borough of Finsbury, this system is in force, and disinfection is carried out at the public expense after death by Phthisis. The Authority also undertakes the bacteriological examination of the patient's expectoration free of charge, a matter of no small importance, as in the early stages the diagnosis of Phthisis is often difficult.
Again if notification were in force the Medical Officer of Health would forbid children suffering from Phthisis to attend school, a matter of great importance, both for their own sakes, and that of others.
4th The most important measure for the prevention of Tuberculosis is the provision of Public Sanatoria for the open air treatment of Consumption
In Germany there are already 45 of these, capable of treating 30,000 patients annually. On an average three months treatment is found sufficient and about two thirds of the patients are discharged at the end of that period fit for work. But success depends largely on early diagnosis. Sanitary Authorities are virtually compelled to build Isolation Hospitals, which are maintained at considerable cost, practically for the treatment of Scarlet Fever, and Diphtheria. In the last eight years 4 persons

have died from these two diseases in Petersfield while 42 have fallen victims to Consumption. It seems therefore a matter of extreme urgency to provide for the effectual treatment of the latter disease, bearing in mind that every person suffering from Consumption is a possible focus for the spread of the disease, and that therefore every well directed attempt to cure such patients is an important factor in promoting the public Health. The duty of providing such Sanatoria seems to devolve more properly on County Councils than on Local Sanitary Authorities. In many counties the subject is under consideration and in some action has already been taken. In Westmoreland a Consumptive Sanatorium has been open for some months, all the Sanitary Authorities undertake the free disinfection of rooms vacated by Consumptives, and I have adopted the system of notification.

In February I received notification of a case of Scarlet Fever at Herne House. The patient had been at a boarding School in Midhurst in which the disease had appeared in the preceding week when the school was immediately broken up, and the pupils sent to their respective homes. Three lived in Petersfield, or in adjoining parishes, and two of these developed Scarlet Fever within a week. The patients had been isolated before the appearance of the disease which consequently

did not spread further. The practice of breaking up boarding schools on the appearance of contagious diseases in them can hardly be too strongly condemned, some of the pupils will in all probability have contracted the disease before leaving the school, and will thus become centres of infection in other parts. Scarlet Fever again made its appearance in October. Fifteen cases were notified in that month and one in November. Inquiries into the probable cause of the outbreak elicited the fact that a girl living at Weddlesbrook three days after she had gone hop-picking failed with sore-throat and a rash, four other members of the same family subsequently developed similar symptoms, but none of them had any medical attendance.

On October 15th the girl which had been first attacked, about a month before, went as servant to the College, where she had to make the beds in two dormitories, but in consequence of a letter which arrousd her suspicions her Mistress sent her home on the following day. Within 12 days 4 boys were down with Scarlet Fever. On November 8th the girl and a sister came to me, that I might certify whether they were fit for service and were found on examination to be still freely peeling about the legs and feet. The four cases mentioned were undoubtedly caused by this girl, and it is not improbable

that the general outbreak may have been due to this source, as all the 4 members of the family who had presumably had Scarlet Fever had been mixing freely with other people while desquimation must have been going on.

On visiting one house in which Scarlet Fever had been notified. I found that the patient's father was foreman at a dairy factory. I went there and found him engaged in refrigerating the milk before sending it off by train. I explained to him the danger of his infecting the milk, and offered to him two alternatives - either that he should give up his work for 4 or 8 weeks at the least or go into lodgings, fit himself out with new clothes, and absent himself from home until danger of infection was past. He reasonably chose the latter course and did not return home until ~~danger~~ disinfection had been carried out.

The outbreak caused more alarm than was warranted by its very limited extent and suggestions were made that the Elementary Schools should be closed.

Of the 16 cases notified however only 6 occurred in children attending these schools and as the evidence pointed to another source of the disease, it was deemed unadvisable to adopt this rather extreme measure. The result justified the course taken as no more cases occurred.

The Isolation Hospital was completed in the later part of the year, a care-taker appointed, and the necessary furniture provided.
The Disinfecting Chamber has been used on several occasions in connection with the outbreak of Scarlet Fever, and also for disinfecting clothes, bedding &c from a neighbouring parish where there had been an outbreak of Measles.
The water supply has received a large amount of attention from the Council during the past year, its colour and turbidity due to the presence of Peroxide of Iron rendering it unsatisfactory for domestic purposes. Samples were submitted to Dr Thresh that he might advise as to the expediency of filtration or a softening process. He reported that the water was of an exceptionally high standard as regarded organic purity, and recommended filtration through sand and gravel, which in his opinion would render it perfectly clear and free from Iron
In April a member of the Council suggested that a well in the Drill Hall grounds might be used to supplement if not to replace the present water supply. Pumping experiments were carried out to test the yield of the well which was found to be ample for the service of the town. Chemical examination of the water however showed it to be of

so doubtful a character as regarded organic purity, that the idea of using it for the supply of the town was abandoned. At the present time steps are being taken to proceed with the construction of filter beds forthwith.

Petersfield continues to grow the number of houses within the district having increased since the last annual report from 661 to 715. Of these 89 are outside the special drainage district, and 105 obtain their water supply from wells.

I enclose a Summary of proceedings taken during the year, and tabular statement of births, deaths, and infectious sicknesses

and have the honour to remain

Gentlemen

Your obedient Servant

J. W. Leachman

M. D. M. R. C. S.

D. P. H. Camb.

Med. Officer of Health

Petersfield

March 15. 1901